PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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APR 24 2019

	ioni Grimbilas	A 3	Silveridit	NEW HAMPSHIRE
I. Name of Lobbyist(s)	1001 PLIMBLICE	Taum	SCHUNCAI	DEPARTMENT OF STATE
II. Name of lobbyist's partn	ership, firm or corporation, if a	any:		
J. Grmbiles (Name of par	Strategic Solutions	ions Lla		
Business Address: (Street)	Nov Thuc (Town/City)	ood	NH (State)	0 3884. (Zip Code)
(403) 496-2638 (Telephone)	()(Fax	e-m	nail Jodi (a) jgstrategiès.com.
	Choose one – file separate repo ons which are not attributable			file a separate report for
☐ All reportable transactions	occurring in the months prior to	the reporting da	te relative to the f	ollowing client:
K	I verstone Cla	ims M	anozem	ent LLC.
	ame of Client as it appears on the Lo	obbyist Registratio	on Form)	 _
OR ☐ All reportable transactions unrelated to any particular clie	by the lobbyist (including the lob	bbyist's family),	or the lobbying fi	rm listed below which are
<u> </u>	24, 2019 🗹 date of registration to 3/31/19	•	1, 2019 1/1/19 to 6/30/19	
	per 30, 2019 From 7/1/19 to 9/30/19		y 29, 2020 🗌 10/1/19 to 12/31/19	•
V. There have been no fee If this box is checked, complete Concord, NH 03301.	s received and no reportable just this form and submit it to the	e transactions he Secretary of S	made since the State's Office, State	last report. □ e House, Room 204,
VI. Çheck if additional repor	rts are attached:			
If you have received fees	or made expenditures, you must f	file Addendum .	A- Fees and Expe	enses
Expense Reimbursement	arium or reimbursed expenses, yo			
☐ If you, your firm, or your	family has made political contrib	utions, you must	t file Addendum (C- Political Contributions
Sworn Statement/Affirmatio I have read RSA 15, RSA 15-8 and complete to the best of my	3, RSA 14-C and RSA 664 and h	ereby swear or a	ffirm that the fore	going information is true
(Signature of lobbyist)		<u> 4</u>	(Date)	
Joo's 61 mbitas (Print Name of lobbyist)			` ,	

P L E A S Ė P R I Ν T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) _ Jooi Grinbilis, Adam	n Schmidt
II. Name of lobbyist's partnership, firm or corporation, if any:	
J. Grimbilas Strategic Solutions (Name of partnership, firm or corporation)	LLC.
(Name of partnership, firm or corporation) III. Name of Client Riverstone Clawns Llangument	
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	it relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ 9000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$ 9,000
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm. e aggregate total of all expenses paid xpenses; (b) the aggregate total of all le: meals purchased during a business is than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a)\$ 9,000
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period	d) \$
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <i>O</i>
f) Total of all expenses year to date	ns 9,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
·	
Sworn Statement/Affirmation by Lobbyist	
	, that the foressing information
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
is the and complete to the best of my later rouge and benefit	
Sodi Humbres	4/20/19.
(Signature of lobbyist) Topi Grimbilus	(Date)
Josi Grimbilas	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partr	nership, firm, or corpo	oration: J. Grink	ictor Strategic Solutions
Name of Client (leave b	lank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client):			
Date of Report (check o	ne):		
April 24, 2019 🔽	July 31, 2019 □	October 30, 2019 🗆	January 29, 2020 □
the following Addendur submitted):	ns submitted with the		nd Expenses described above, and umber of Addendum forms being
Addendum A(s)			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm complete to the best of n			nt and each Addendum is true and
Haven			4123119
(Signature of lobbyist)			(Date)
Adam San	nd		
(Print Name of lobbyist)	•		